

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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SEC USE ONLY

Prefix

UNIFORM LIMITED OFFERING E		DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate Third Coast Capital QP, L.P.		
(ile 506 ☐ Section	on 4(6) ULOE
Type of Filing: ☐ New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate of Third Coast Capital QP, L.P.		
Address of Executive Offices (Number and Street, City, State, Zip Code) 5914 West Courtyard Drive, Suite 190, Austin, TX 78730	(512) 306-0409	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)		nber (Including Area Code)
Brief Description of Business: The Fund seeks to achieve long-term capital appreciational short, primarily in U.S. equity securities and their derivatives.	ion through trading	0000
Type of Business Organization		PHOCESSE
☐ corporation ☐ limited partnership, already formed ☐ limited partnership, to be formed	□ other (please spec	eify): NOV 2 0 2006
Actual or Estimated Date of Incorporation or Organization: Month Year		THOMSON FINANCIAL
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under	Pagulation D or Sec	tion 4(6), 17 CER 230 501 et sea
Or 15 U.S.C. 77d(6).	Regulation D of Sec.	non 4(0), 17 Of 10 250.501 of 304.
When To File: A notice must be filed no later than 15 days after the first sale of securities in Securities and Exchange Commission (SEC) on the earlier of the date it is received by the Saddress after the date on which it is due on the date it was mailed by United States registered or	SEC at the address gi	iven below or, if received at that
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must must be photocopies of the manually signed copy or bear typed or printed signatures.	D.C. 20549. t be manually signed.	Any copies not manually signed
Information Required: A new filing must contain all information requested. Amendments need changes thereto, the information requested in Part C, and any material changes from the informed not be filed with the SEC.	rmation previously st	applied in Parts A and B. Part E
Filing Fee: There is no federal filing fee.	MI)
State: This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate where sales are to be, or have been made. If a state requires the payment of a fee as a precond amount shall accompany this form. This notice shall be filed in the appropriate states in acconstitutes a part of this notice and must be completed. ATTENTION	e notice with the Sect ition to the claim for t	irities Administrator in each state the exemption, a fee in the proper

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

predicated on the filing of a federal notice.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director ⊠ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partners Full Name (Last name first, if individual) May, David D. Business or Residence Address (Number and Street, City, State, Zip Code) 5914 West Courtyard Drive, Suite 190, Austin, TX 78730 ☐ General and/or ☐ Beneficial Owner ☐ Executive Officer □ Director Check Box(es)that Apply: □ Promoter Managing Partners Full Name (Last name first, if individual) Davis, Clark B. Business or Residence Address (Number and Street, City, State, Zip Code) 5914 West Courtyard Drive, Suite 190, Austin, TX 78730 Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partners Full Name (Last name first, if individual) Third Coast Capital Management, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 5914 West Courtyard Drive, Suite 190, Austin, TX 78730 ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Check Box(es)that Apply: ☐ Promoter Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ General and/or ☐ Executive Officer ☐ Director ☐ Beneficial Owner Check Box(es)that Apply: ☐ Promoter

Managing Partners

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. IN	FORMAT	ION ABO	UT OFFE	RING			11	\.
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes □	No ⊠		
1. Has the	135451 3514	., 01 4000		nswer also								
2. What is	s the minim	um investn			• •	•	_				\$ <u>45,</u>	768.45
2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3. Does th	ne offering	permit join	t ownershij	of a single	e unit?						X	
comm If a pe list the	the informatission or siterson to be e name of to, you may so	milar remu listed is an he broker o	neration for associated or dealer. I	or solicitation person of a factor of the fa	on of purch a broker or a five (5) p	nasers in co dealer regis ersons to be	nnection w stered with	ith sales of the SEC ar	`securities id/or with a	in the offer a state or st	ring. ates,	
Full Nam	ne (Last nan	ne first, if in	ndividual)									
Business	or Residen	ce Address	(Numbe	r and Street	, City, Stat	e, Zip Code	e)			•		
Name of	Associated	Broker or	Dealer		-							
	Which Pers										🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Numbe	r and Street	t, City, Stat	e, Zip Code	e)					
Name of	Associated	Broker or	Dealer						•			
	Which Pers										0/	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
1	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[IL]	[]	• -										CTS A T
	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[IL]		-		[NJ] [TX]	[MM] [TU]	[NY] [VT]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA]
[IL] [MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]					-				
[IL] [MT] [RI] Full Nam	[NE] [SC]	[NV] [SD] ne first, if i	[NH] [TN] ndividual)	[TX]	[UT]	[VT]	[VA]	-				
[IL] [MT] [RI] Full Nam Business	[NE] [SC] ne (Last nam	[NV] [SD] ne first, if it	[NH] [TN] ndividual) (Numbe	[TX]	[UT]	[VT]	[VA]	-				
[IL] [MT] [RI] Full Nam Business Name of	[NE] [SC] ne (Last name or Residen	[NV] [SD] ne first, if it ce Address Broker or	[NH] [TN] ndividual) (Numbe	[TX]	[UT]	[VT] e, Zip Code	[VA]	[WA]	[WV]	[WI]	[WY]	
[IL] [MT] [RI] Full Nam Business Name of	[NE] [SC] ne (Last name or Residen Associated	[NV] [SD] ne first, if it ce Address Broker or	[NH] [TN] ndividual) (Numbe	[TX]	[UT]	[VT] e, Zip Code	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[IL] [MT] [RI] Full Nam Business Name of States in (Check	[NE] [SC] ne (Last name or Residen Associated Which Pers	[NV] [SD] ne first, if it ce Address Broker or son Listed I " or check	[NH] [TN] ndividual) (Numbe Dealer has Solicite individual	r and Street	[UT]	[VT] e, Zip Code	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
[IL] [MT] [RI] Full Nam Business Name of States in (Check [AL]	[NE] [SC] ne (Last name or Residen Associated Which Pers "All States [AK]	[NV] [SD] ne first, if it ce Address Broker or son Listed I " or check [AZ]	[NH] [TN] ndividual) (Numbe Dealer has Solicite individual	r and Streeted or Intend States)	[UT]	[VT] e, Zip Code Purchasers	[VA]	[WA]	[WV]	[WI]	[WY] □/	[PR] All States

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\Pi\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Aggregate Already Sold Offering Amount Type of Security Debt..... Equity..... □ Common □ Preferred Convertible Securities (including warrants.... \$ 69,241,600,44 Other (Specify Total \$ 69,241,600.44 \$ 69,241,600.44 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Number Dollar Amount Investors of Purchases 46___ \$ 69,241,600.44 Accredited Investors. N/A Non-accredited Investors. Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505..... N/A N/A N/A Regulation A..... N/A Rule 504..... N/A N/A N/A N/A Total..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... Printing and Engraving Costs.... Legal Fees. 25,000 Accounting Fees..... \times 10,000 Engineering Fees.....

X

15,000

50.000

Sales Commissions (specify finder's fees separately)......

Total.....

Other Expenses (identify): Miscellaneous offering-expenses

C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AN	D US	SE OF PROCE	EDS	
 b. Enter the difference between the aggregate of Question 1 and the total expenses furnished in responsible "adjusted gross proceeds to the issuer". 5. Indicate below the amount of the adjusted gross proceeds for each of the purposes shown. If the amount for a and check the box to the left of the estimate. The 	teeds to the issuer used or proposed to be any purpose is not known, furnish an est total of the payments listed must equ	nce i used timat	s d e	\$	69,191,600.44
adjusted gross proceeds to the issuer set froth in response	onse to Part C - Question 4.b above.				
			Payments To Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$		\$
Purchase of real estate			\$	_	\$
Purchase, rental or leasing and installation of ma			\$		\$
Construction or leasing of plant buildings and fa			\$	<u>.</u> 🗆	\$ <u>.</u>
Acquisition of other businesses (including the variety offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	0 0 0	\$ \$	<u>.</u> 0	\$ \$
Working capital			\$	<u> </u>	\$
Other (specify): <u>Investments</u>			\$	<u>.</u> X	\$69,191,600.44
Column Totals				X	\$69,191,600.44
Total Payments Listed (column totals added)			⊠ <u>\$6</u>	<u>9,191,6</u>	<u>00.44</u>
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the is information furnished by the issuer to any non-accredit	ssuer to furnish to the U.S. Securities Con	mmis	ssion, upon writ	filed ur ten requ	nder Rule 505, the uest of its staff, the
Issuer (Print or Type)	Signature			Date	
Third Coast Capital QP, L.P.	54//	10	y !	<u>lovemb</u>	per 5 , 2006
Name of Signer (Print or Type) David D. May	Title of Signer (Print or Type) Manager, Third Coast Capital GP, 1 Capital Management, L.P. (the Gene L.P.))	LE ((the General P Partner of Thir	artner o d Coas	of Third Coast t Capital QP,
;;					

	E. STATE SIGNATURE		
	e) or (f) presently subject to any of the disqualification provisions	Yes . □	No ⊠
See A	Appendix, Column 5 for state response.		
2. The undersigned issuer hereby undertakes to furnis D (17 CFR 239.500) at such times as required by	h to any state administrator of any state in which this notice is filed, a no state law.	otice on I	Form
3. The undersigned issuer hereby undertakes to furnist to offerees.	h to the state administrators, upon written request, information furnished	l by the i	ssuer
Uniform Limited Offering Exemption (ULOE) of	familiar with the conditions that must be satisfied to be entitled to the f the state in which this notice is filed and understands that the issuer burden of establishing that these conditions have been satisfied.		
The issuer has read this notification and knows the cundersigned duly authorized person.	contents to be true and has duly caused this notice to be signed on it	s behalf	by the
Issuer (Print or Type) Third Coast Capital QP, L.P.	Signature: Date November	3 , 2006	
Name of Signer (Print or Type) David D. May	Title of Signer (Print or Type) Manager, Third Coast Capital GP, LLC (the General Partner of T Capital Management, L.P. (the General Partner of Third Coast C		

L.P.))

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3		4				5 lification
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		unde ULOE att explan waiver	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK					<u> </u>				
AZ									
AR									
CA									i.
СО									
ст		X	\$1,000,000	1	\$1,000,000	0	\$0		No
DE		X	\$9,250,000	1	\$9,250,000	0	\$0		No
DC									
FL									
GA									
ні									
ID	-								
IL		X	\$5,000,000	1	\$5,000,000	0	\$0		No
IN								<u></u>	
ΙA									
KS									
KY									
LA		<u> </u>							
ME					······				
MD		X	\$600,000.00	1	\$600,000.00	0	\$0		No
MA	-		1.11						
MI	 								
MN		 						 	
MS		x	\$3,501,980.55	1	\$3,501,980.55	0	\$0	-	No
МО								 	

APPENDIX

1		2	3		4			Disqual	5 ification
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in State (Part C-Item 1)		ULOE atta explana waiver	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests	Partnership Accredited Non-		Amount	Yes	No	
MT									
NE									
NV									
NH									
NJ									
NM									
NY		X	\$17,345,768.45	7	\$17,345,768.45	0	\$0	N/A	N/A
NC									
ND	ļ								
ОН					. <u> </u>			-	
OK					<u> </u>				
OR									
PA		X	\$10,000,000.00	1	\$10,000,000.00	0	\$0	N/A	N/A
RI									
SC									
SD									
TN									
TX		X	\$22,543,851.44	32	\$22,543,851.44	0	\$0	ļ	No
UT		ļ						ļ	
VT									
VA	ļ			-					
WA	<u> </u>								
WV	ļ					_			
WY	ļ							-	
PR								ļ	
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